PRECISION
INSTRUMENT SHARPENING

When Quality Counts... Experience Matters

www.pisharpening.com
info@pisharpning.com
602-499-0870

IN - CLINIC FORM

DENTAL & SURGICAL INSTRUMENT SHARPENING SERVICE

Our sharpening artists are Certified Veterinary Technicians who each have over 16 yrs dental specialty experience

- **Jennifer Hertzoff, CVT** (owner) - Long Beach, NY (11561)
- **Anita Morford, CVT** - Scottsdale, AZ (85257)
- **Eloise Young, CVT** - Tucson, AZ (85735)
- **Kathy Pershing, CVT** - Aurora, CO (80017)

THIS SECTION TO BE FILLED OUT BY SHARPENING TECHNICIAN

$8 _____Elevator/Luxator	$6 _____Hand curette
$8 _____Periosteal Elevator	$6 _____Hand Scaler
$8 _____Deciduous Elevator	$6_____Nail trimmers- S
$5 _____ Root Pick	$7_____ Nail Trimmers - M
$6 _____ Needle Holder	$8_____Nail Trimmers - L
$7 _____Medium/Large Scissor	$_____Other_____
$6 _____Small Scissor	
$6 _____Suture Scissor	***$15 - Machine set up fee**

***Travel Fee** - $1/mile _____

(Some areas travel fee might be higher for extra travel time & tolls, train, etc... Email to find out what your travel fee is.

10% off if service is done within 6 months of previous sharpening. ☐

How often should maintenance be____ _____

***30 Instrument minimum** - Could be more of a minimum, depending on distance - Call, text or email to check your minimum

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THIS SECTION BELOW TO BE FILLED OUT BY CLIENT - PAYMENT DUE AT TIME OF SERVICE

Invoice will be emailed after sharpening. Credit Card payments can be made through the invoice link.

Payment Method: Credit Card _____ Ach (select corperations) _____

Clinic Name_____

Clinic Address_____

_____

Service Date_____ **Clinic Phone Number**_____

Billing Email_____

Clinic Representative Name_____

Signature_____

**Client agrees not to hold Precision Instrument Sharpening liable for any damages.*